

STATE OF SOUTH CAROLINA

(Caption of Case)

ORDER APPROVING TAG MOBILE, LLC AS AN  
ELIGIBLE TELECOMMUNICATIONS CARRIER

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

COVER SHEET

DOCKET  
NUMBER: 2012 - 336 - C

(Please type or print)

Submitted by: Compliance Solutions, Inc.

SC Bar Number: \_\_\_\_\_

Telephone: 407-260-1011

Address: 740 Florida Central Parkway

Fax: 407-260-1033

Suite 2028

Other: \_\_\_\_\_

Longwood, FL 32750

Email: regulatory@csilongwood.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

DOCKETING INFORMATION (Check all that apply)

☐ Emergency Relief demanded in petition

☐ Request for item to be placed on Commission's Agenda expeditiously

☒ Other: TAG Mobile, LLC Report of Customer Deactivations for Period Ending June 30, 2013

INDUSTRY (Check one)	NATURE OF ACTION (Check all that apply)			
<input type="checkbox"/> Electric	<input type="checkbox"/> Affidavit	<input type="checkbox"/> Letter	<input type="checkbox"/> Request	
<input type="checkbox"/> Electric/Gas	<input type="checkbox"/> Agreement	<input type="checkbox"/> Memorandum	<input type="checkbox"/> Request for Certification	
<input type="checkbox"/> Electric/Telecommunications	<input type="checkbox"/> Answer	<input type="checkbox"/> Motion	<input type="checkbox"/> Request for Investigation	
<input type="checkbox"/> Electric/Water	<input type="checkbox"/> Appellate Review	<input type="checkbox"/> Objection	<input type="checkbox"/> Resale Agreement	
<input type="checkbox"/> Electric/Water/Telecom.	<input type="checkbox"/> Application	<input type="checkbox"/> Petition	<input type="checkbox"/> Resale Amendment	
<input type="checkbox"/> Electric/Water/Sewer	<input type="checkbox"/> Brief	<input type="checkbox"/> Petition for Reconsideration	<input type="checkbox"/> Reservation Letter	
<input type="checkbox"/> Gas	<input type="checkbox"/> Certificate	<input type="checkbox"/> Petition for Rulemaking	<input type="checkbox"/> Response	
<input type="checkbox"/> Railroad	<input type="checkbox"/> Comments	<input type="checkbox"/> Petition for Rule to Show Cause	<input type="checkbox"/> Response to Discovery	
<input type="checkbox"/> Sewer	<input type="checkbox"/> Complaint	<input type="checkbox"/> Petition to Intervene	<input type="checkbox"/> Return to Petition	
<input checked="" type="checkbox"/> Telecommunications	<input type="checkbox"/> Consent Order	<input type="checkbox"/> Petition to Intervene Out of Time	<input type="checkbox"/> Stipulation	
<input type="checkbox"/> Transportation	<input type="checkbox"/> Discovery	<input type="checkbox"/> Prefiled Testimony	<input type="checkbox"/> Subpoena	
<input type="checkbox"/> Water	<input type="checkbox"/> Exhibit	<input type="checkbox"/> Promotion	<input type="checkbox"/> Tariff	
<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Expedited Consideration	<input type="checkbox"/> Proposed Order	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Administrative Matter	<input type="checkbox"/> Interconnection Agreement	<input type="checkbox"/> Protest		
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Interconnection Amendment	<input type="checkbox"/> Publisher's Affidavit		
	<input type="checkbox"/> Late-Filed Exhibit	<input checked="" type="checkbox"/> Report		



# RECEIVED

JUL 16 2013

PSC SC  
MAIL / DMS

July 15, 2013

South Carolina Office of Regulatory Staff  
Telecommunications Division  
1401 Main Street, Suite 900  
Columbia, SC 29201

**RE: TAG Mobile, LLC Docket No. 2012-336-C – Order No. 2013-1 Compliance Filing -  
Quarterly Customer Deactivations 2Q2013**

Dear Sirs:

Pursuant to Order Approving TAG Mobile, LLC as an Eligible Telecommunications Provider dated January 29, 2013 in Docket No. 2012-336-C – Order No. 2013-1 the South Carolina Public Service Commission ("Commission") designated TAG Mobile, LLC an Eligible Telecommunications Carrier ("ETC") for the limited purpose of providing Lifeline services in the state of South Carolina. Stipulation issued in the docket requires TAG Mobile, LLC to submit a quarterly report to ORS demonstrating the number of Lifeline customers who have been deactivated by TAG Mobile during the quarter listing the reason for deactivation.

TAG Mobile, LLC respectfully submits the required data for the quarter April 2013 to June 2013 as shown in the chart below and due by July 15, 2013:

Period Covered	# Customers de-enrolled for 60 days or longer of inactivity	# Customers who did not pass the annual verification	# Customers that were voluntarily de-enrolled	TOTAL
April - June 2013	14	0	81	95
APR 13	14	0	26	40
MAY 13	0	0	35	35
JUNE 13	0	0	0	0

Respectfully submitted,

Mark Lammert, CPA  
Attorney-in-Fact  
TAG Mobile, LLC

STATE OF SOUTH CAROLINA

(Caption of Case)

ORDER APPROVING TAG MOBILE, LLC AS AN  
ELIGIBLE TELECOMMUNICATIONS CARRIER

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

COVER SHEET

DOCKET  
NUMBER: 2012 - 336 - C

(Please type or print)

Submitted by: Compliance Solutions, Inc.

SC Bar Number:

Address: 740 Florida Central Parkway

Telephone: 407-260-1011

Suite 2028

Fax: 407-260-1033

Longwood, FL 32750

Other:

Email: regulatory@csilongwood.com

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DOCKETING INFORMATION (Check all that apply)

☐ Emergency Relief demanded in petition

☐ Request for item to be placed on Commission's Agenda expeditiously

☒ Other: TAG Mobile, LLC Copy of FCC Form 497 filed with USAC on July 1, 2013

INDUSTRY (Check one)	NATURE OF ACTION (Check all that apply)			
<input type="checkbox"/> Electric	<input type="checkbox"/> Affidavit	<input type="checkbox"/> Letter	<input type="checkbox"/> Request	
<input type="checkbox"/> Electric/Gas	<input type="checkbox"/> Agreement	<input type="checkbox"/> Memorandum	<input type="checkbox"/> Request for Certification	
<input type="checkbox"/> Electric/Telecommunications	<input type="checkbox"/> Answer	<input type="checkbox"/> Motion	<input type="checkbox"/> Request for Investigation	
<input type="checkbox"/> Electric/Water	<input type="checkbox"/> Appellate Review	<input type="checkbox"/> Objection	<input type="checkbox"/> Resale Agreement	
<input type="checkbox"/> Electric/Water/Telecom.	<input type="checkbox"/> Application	<input type="checkbox"/> Petition	<input type="checkbox"/> Resale Amendment	
<input type="checkbox"/> Electric/Water/Sewer	<input type="checkbox"/> Brief	<input type="checkbox"/> Petition for Reconsideration	<input type="checkbox"/> Reservation Letter	
<input type="checkbox"/> Gas	<input type="checkbox"/> Certificate	<input type="checkbox"/> Petition for Rulemaking	<input type="checkbox"/> Response	
<input type="checkbox"/> Railroad	<input type="checkbox"/> Comments	<input type="checkbox"/> Petition for Rule to Show Cause	<input type="checkbox"/> Response to Discovery	
<input type="checkbox"/> Sewer	<input type="checkbox"/> Complaint	<input type="checkbox"/> Petition to Intervene	<input type="checkbox"/> Return to Petition	
<input checked="" type="checkbox"/> Telecommunications	<input type="checkbox"/> Consent Order	<input type="checkbox"/> Petition to Intervene Out of Time	<input type="checkbox"/> Stipulation	
<input type="checkbox"/> Transportation	<input type="checkbox"/> Discovery	<input type="checkbox"/> Prefiled Testimony	<input type="checkbox"/> Subpoena	
<input type="checkbox"/> Water	<input type="checkbox"/> Exhibit	<input type="checkbox"/> Promotion	<input type="checkbox"/> Tariff	
<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Expedited Consideration	<input type="checkbox"/> Proposed Order	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Administrative Matter	<input type="checkbox"/> Interconnection Agreement	<input type="checkbox"/> Protest		
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Interconnection Amendment	<input type="checkbox"/> Publisher's Affidavit		
	<input type="checkbox"/> Late-Filed Exhibit	<input checked="" type="checkbox"/> Report		



July 15, 2013

South Carolina Office of Regulatory Staff  
Telecommunications Division  
1401 Main Street, Suite 900  
Columbia, SC 29201

**RE: TAG Mobile, LLC Docket No. 2012-336-C – Order No. 2013-1 Compliance Filing -  
Copy of Form 497 2Q2013**

Dear Sirs:

Pursuant to Order Approving TAG Mobile, LLC as an Eligible Telecommunications Provider dated January 29, 2013 in Docket No. 2012-336-C – Order No. 2013-1 the South Carolina Public Service Commission ("Commission") designated TAG Mobile, LLC an Eligible Telecommunications Carrier ("ETC") for the limited purpose of providing Lifeline services in the state of South Carolina. Stipulation issued in the docket requires TAG Mobile, LLC to submit a copy of Form 497 filed with USAC.

TAG Mobile, LLC respectfully submits the required data for the quarter April 2013 to June 2013 and due by July 15, 2013.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Mark Lammert', written over a horizontal line.

Mark Lammert CPA  
Attorney-in-Fact  
TAG Mobile, LLC

**RECEIVED**

JUL 16 2013

PSC SC  
MAIL / DMS

FCC Form 497  
April 2012 Edition

## LIFELINE WORKSHEET

OMB Approval  
3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

- (1) USAC Service Provider Identification Number 143035649 (2) Study Area Code 249022  
 (3) Filer 499 ID 828932 (4) Technology Type (check one) Wireline ☐ Wireless ☒  
 (5) ETC Designation Type (Check one): Lifeline Only ☒ High Cost/Low Income ☐

(6) Organization Information		(7) Filing Information	
Company Legal Name:	TAG Mobile LLC	a) Submission Date	05/21/2013
Contact Name:	Caitlyn Lumpkin	b) Data Month	April 2013
Mailing Address:	1330 Capital Parkway	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	Carrollton, TX 75006	d) State Reporting	SOUTH CAROLINA
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>16836</u>	x \$ <u>9.25</u>	= \$ <u>155733</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> (not to exceed \$34.25)	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10) \$			<u>155733</u>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
 (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0**Tribal Link Up (Available only to ETCs receiving High Cost support)**

Number of Connections Waived (14) 0  
 Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
 (not to exceed \$100)  
 Total Connection Charges Waived (16) \$ 0.0  
 Deferred Interest (17) \$ 0.00

Total Tribal Link Up Support Claimed (18) \$ 0**ETC Payment**

Total Lifeline \$ 155733 Total TLS \$ 0 Total Tribal Link Up \$ 0  
 Total Dollars (19) \$ 155733

If you have any questions, please call USAC at (866) 873-4727 Toll Free

FCC Form 497  
April 2012 Edition

## LIFELINE WORKSHEET

OMB Approval  
3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

**(20) CERTIFICATIONS AND SIGNATURES**

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

< Based on the information known to me or provided to me by employees responsible for the preparation of the data being reported >

information, including records pertaining to providing such information, shall be maintained in accordance with the Federal Records Act and shall be accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

05/21/2013

Frank DelCol

DATE

OFFICER SIGNATURE

CEO

Frank DelCol

OFFICER TITLE

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3080-0619). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested in this e-mail address.

Remember -- An agency may not conduct or sponsor, and a person is not required to respond to a collection of information sponsored by the Federal government unless it displays a currently valid OMB control number. This information collection has been assigned OMB Control Number: 3080-0619.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your worksheet may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your worksheets may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. Section 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. Section 3501, et seq.

FCC Form 497  
April 2012 Edition

## LIFELINE WORKSHEET

OMB Approval  
3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143035649 (2) Study Area Code 249022  
 (3) Filer 499 ID 828932 (4) Technology Type (check one) Wireline ☐ Wireless ☒  
 (5) ETC Designation Type (Check one): Lifeline Only ☒ High Cost/Low Income ☐

(6) Organization Information		(7) Filing Information	
Company Legal Name:	TAG Mobile LLC	a) Submission Date	06/19/2013
Contact Name:	Caitlyn Lumpkin	b) Data Month	May 2013
Mailing Address:	1330 Capital Parkway Carrollton, TX 75006	c) Type of Filing (check one) Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>	
Telephone Number:	678-389-6024	d) State Reporting	SOUTH CAROLINA
Fax Number:	770-594-3878		
E-mail Address:	caityn.lumpkin@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>19320</u>	x \$ <u>9.25</u>	= \$ <u>178710</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> (not to exceed \$34.25)	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10) \$			<u>178710</u>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0  
 Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
 (not to exceed \$100)  
 Total Connection Charges Waived (16) \$ 0.0  
 Deferred Interest (17) \$ 0.00

Total Tribal Link Up Support Claimed (18) \$ 0**ETC Payment**

Total Lifeline \$ 178710 Total TLS \$ 0 Total Tribal Link Up \$ 0  
 Total Dollars (19) \$ 178710

If you have any questions, please call USAC at (866) 873-4727 Toll Free

FCC Form 497  
April 2012 Edition

## LIFELINE WORKSHEET

OMB Approval  
3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

## (20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable Intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data herein

statements, I certify under penalty of perjury that the data contained in this form was obtained from a reliable source to the best of my knowledge, and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

06/19/2013

Frank Del Col

DATE

OFFICER SIGNATURE

President & CEO

Frank Del Col

OFFICER TITLE

OFFICER NAME

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The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

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If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.

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## LIFELINE WORKSHEET

OMB Approval  
3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143035649(2) Study Area Code 249022(3) Filer ID 828932(4) Technology Type (check one) Wireline ☐ Wireless ☒(5) ETC Designation Type (Check one): Lifeline Only ☒ High Cost/Low Income ☐

## (6) Organization Information

Company Legal Name:	TAG Mobile LLC
Contact Name:	Caitlyn Lumpkin
Mailing Address:	1330 Capital Parkway Carrollton, TX 75006
Telephone Number:	878-389-8024
Fax Number:	770-594-3878
E-mail Address:	caitlyn.lumpkin@cgminc.com

## (7) Filing Information

a) Submission Date	07/08/2013
b) Data Month	June 2013
c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
d) State Reporting	SOUTH CAROLINA

## Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>22671</u>	x \$ <u>9.25</u>	= \$ <u>209707</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> (not to exceed \$34.25)	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10) \$			<u>209707</u>

## Toll Limitation Services (TLS)

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012/\$2 in 2013)

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

## Tribal Link Up (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

Total Tribal Link Up Support Claimed (18) \$ 0

## ETC Payment

Total Lifeline \$ 209707 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 209707

If you have any questions, please call USAC at (866) 873-4727 Toll Free

FCC Form 497  
April 2012 Edition

## LIFELINE WORKSHEET

OMB Approval  
3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

## (20) CERTIFICATIONS AND SIGNATURES

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I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being reported, I certify that the information reported on this form is true and correct to the best of my knowledge and belief.

statements, including those prepared by persons who are not officers or employees of the Federal Communications Commission, shall be prepared and submitted to the Commission in a true, accurate, and complete manner.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

07/08/2013

Frank DelCol

DATE

OFFICER SIGNATURE

CEO & President

Frank DelCol

OFFICER TITLE

OFFICER NAME

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If you do not provide the information we request on the form, the FCC may delay proceeding of your worksheet or may return your worksheet without action.

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